

**CONFIDENTIAL**

**INCARCERATED RELATIVE/ASSOCIATE NOTIFICATION**

TO BE COMPLETED BY EMPLOYEE		
<b>EMPLOYEE INFORMATION</b>		
EMPLOYEE NAME (Last, First, Middle Initial)	CLASSIFICATION	INSTITUTION/ PROGRAM AREA
WORK PHONE NUMBER (include area code)	WORK ADDRESS	
<b>INMATE INFORMATION</b>		
INMATE NAME (Last, First, Middle Initial)	DATE OF BIRTH	IDENTIFICATION NUMBER (can be retrieved at <a href="http://www.cdcr.ca.gov/Visitors/Inmate_Locator.html">http://www.cdcr.ca.gov/Visitors/Inmate_Locator.html</a> )
INSTITUTION/ PROGRAM AREA	RELATIONSHIP TO EMPLOYEE	
If the inmate is currently housed here, do you view his/her presence as conflicting with your employment responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain:		
_____ Employee Signature		_____ Date
(Please submit this completed form to your institution head, Superintendent, or Deputy/Assistant Director for signature and distribution.)		

**TO BE COMPLETED BY INSTITUTION HEAD, SUPERINTENDENT, OR DEPUTY/ASSISTANT DIRECTOR.**

Date \_\_\_\_\_

**Distribution:**

- Original CDCR Form 2189 must be delivered in a confidential envelope to the Personnel Office by the institution head, Superintendent, Deputy/Assistant Director or designee.
- The Personnel Office must insert the original CDCR Form 2189 in the employees' Official Personnel File (to be maintained in the back of the file in an envelope marked "confidential").
- Personnel Office must forward a copy of the CDCR Form 2189 (in a confidential envelope) to the Case Record Unit (to be inserted in the confidential section of the inmate's Central File).